PTO/SB/21 (08-00) MAY 2 3 2002 Approved for use through 10/31/2002. OMB 0651-0031 Please type a plus sign (+) inside this box -> U.S. Patent de Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to following control number. Application Number 09/691,645 TRANSMITTAL October 18, 2000 **Filing Date FORM** First Named Inventor Maurer, Rudolf 1723 **Group Art Unit** (to be used for all correspondence after initial filing) **Examiner Name** David L. Sorkin 015258-049600US Total Number of Pages in This Submission **Attorney Docket Number** 1 ENCLOSURES (check all that apply) After Allowance Communication to **Assignment Papers** Fee Transmittal Form Group (for an Application) Appeal Communication to Board of Drawing(s) Fee Attached Appeals and Interferences Appeal Communication to Group Amendment / Response **Licensing-related Papers** (Appeal Notice, Brief, Reply Brief) Petition Routing Slip (PTO/SB/69) **Proprietary Information** After Final and Accompanying Petition Petition to Convert to a **Status Letter** Affidavits/declaration(s) Provisional Application Power of Attorney, Revocation Other Enclosure(s) **Extension of Time Request** Change of Correspondence Address (please identify below): **Terminal Disclaimer** Substitute Specification **Express Abandonment Request** Request for Refund Comparison Copy Information Disclosure Statement CD, Number of CD(s) **Return Postcard** The Commissioner is authorized to charge any additional fees to **Certified Copy of Priority** Deposit Account 20-1430. Remarks Document(s) ARCEN 28 TOO Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Townsend and Townsend and Crew LLP Firm and Reg. No. 24,168 William Michael Hynes Individual name Signature

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FEE TO AMOUNT AL	Complete if Known							
FEE TRANSMITTAL	Application Number 09			09/6	09/691,645		<b>A</b>	
<b>√</b>		Filing Date Oc			ctober 18, 2000		\C^	
MAY 2 3 2002	First Named Inventor			Maurer, Rudolf		2		
Patenties are subject to annual revision.	Examiner Name			Davi	David L. Sorkin		م م	
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TOTAL AMBUNT OF PAYMENT (\$) 0	Attorney Docket No.			0152	015258-049600US			
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Under 37 CFR 1.16 and 1.17					Examiner action		300	
Applicant claims small entity status.  See 37 CFR 1.27	113	1,840*	113	1,840*	Requesting public Examiner action	cation of SIR after	复只	
2. Payment Enclosed:	115	110	215	55	•	ly within first month	- E.7	
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1. BASIC FILING FEE	1	•			month			
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101 740 201 370 Utility filing fee	121	280	221	140	Request for oral Petition to institut	_		
106 330 206 165 Design filing fee	138	1,510	138	1,510	proceeding	te a public use		
108 740 208 370 Reissue filing fee	140	110	240	55	Petition to revive	- unavoidable		
114 160 214 80 Provisional filing fee	141	1,280	241	640	Petition to revive	<ul><li>unintentional</li></ul>		
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2. EXTRA CLAIM FEES	144	620	244	310	Plant issue fee	`ammiacianar		
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Total Claims Delow Paid  Total Claims X = X	123	50	123	50	applications			
Independent	126	180	126	180	Submission of Information Disclosure Stmt			
Claims					-	patent assignment	<u> </u>	
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Dependent Entity Small Entity	140	740	246	370	properties)	on after final relaction	<b>  </b>	
Large Entity Small Entity  Fee Fee Fee Fee Description	146	740	<b>240</b>	310	(37 CFR § 1.129	on after final rejection (a))		
Code (\$) Code (\$)	149	740	249	370	For each addition	nal invention to be		
103 18 203 9 Claims in excess of 20					examined (37 CI	FR § 1.129(b))		
102 84 202 42 Independent claims in excess of 3	179	740	279	370	Request for Continued Examination (RCE)			
104 280 204 140 Multiple dependent claim, if not paid  ** Reissue independent claims over	169	900	169	900	· ·			
109 84 209 42 original patent	1				of a design applica	ation	<u> </u>	
110 18 210 9 ** Reissue claims in excess of 20 and	Other fe	ee (specif	y)					
over original patent	The Co	mmissio	ner is a	uthoriz	ed to charge any	additional fees to		
SUBTOTAL (2) (\$)		ne above noted Deposit Account.						
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**or number previously paid, if greater; For Reissues, see above		,	HII ()	g . 00 i		(3)		
or number previously paid, it greater, not necessues, see above	<u> </u>							
SUBMITTED BY					Com	plete (if applicable)		
Name (Print/Type) William Michael Hynes Registration No. (Attorn	ey/Agent) 24,168				Telephone	415-576-0200		
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Date Signature